

# BUILDING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

## A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
\_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type	Failure	Failure	Approval
<input type="checkbox"/>	No Plans Required	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footings	_____	_____	_____
<input type="checkbox"/>	Footings	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	Barrier-Free	_____	_____	_____
Joint Plan Review Required:				Insulation	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator
SUBCODE APPROVAL				Finishes	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA		
Date _____				Energy	_____	_____	_____
Approved by _____				Mechanical	_____	_____	_____
_____				TCO	_____	_____	_____
_____				Other	_____	_____	_____
_____				Final	_____	_____	_____
_____				Barrier-Free	_____	_____	_____

## B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft.  
Area — Largest Floor \_\_\_\_\_ Sq. Ft.  
New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of New Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1 + 2) \$ \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

### TYPE OF WORK

- ☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Fence \_\_\_\_\_ Height (exceeds 6')  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Asbestos Abatement  
☐ Lead Haz. Abatement  
☐ Other \_\_\_\_\_  
☐ Demolition

### FEE (Office Use Only)

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy